

WELL ABANDONMENT RECORD

WELL CONTRACTOR _____
WELL CONTRACTOR CERTIFICATION # _____

1. WELL USE (check Applicable Box): Residential Municipal Industrial Agricultural Monitoring
Recovery Heat Pump Water Injection Other If Other, List Use: _____

2. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: _____

County _____

(Road Name and Number, Community, Subdivision, Lot No.)

Quadrangle No.

3. OWNER: _____

4. ADDRESS: _____

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat
(circle one)

6. TOTAL DEPTH; _____ DIAMETER _____

7. CASING REMOVED:

feet

diameter

8. DISINFECTION: _____

(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

Neat Cement

bags of cement _____

gallon of water _____

Sand Cement

bags of cement _____

gallons of water _____

Other

Type material _____

Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

11. DATE WELL ABANDONED _____

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well _____ Date _____

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.